

Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	RAPID GENERATION OF ACTIVATED MONONUCLEAR ANTIGEN PRESENTING CELLS FROM MONOCYTES
Attorney Docket Number::	0508-1115
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	9
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: FILIPPO  
Middle Name::  
Family Name:: BELARDELLI  
Name Suffix::  
City of Residence:: ROMA  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing VIA FEDERICO OZANAM, 113  
Address::  
City of Mailing Address:: ROMA  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-00152

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: TIZIANA  
Middle Name::  
Family Name:: DI PUCCHIO  
Name Suffix::  
City of Residence:: ROMA  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing VIA DELLO SCALO PRENESTINO, 14  
Address::  
City of Mailing Address:: ROMA

State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-00159

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: STEFANO  
Middle Name:: MARIA  
Family Name:: SANTINI  
Name Suffix::  
City of Residence:: ROMA  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing VIA MARFORIO, 6  
Address::  
City of Mailing Address:: ROMA  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: I-00169

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: CATERINA  
Middle Name::  
Family Name:: LAPENTA  
Name Suffix::  
City of Residence:: FIRENZE  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing VIA CAVOUR, 21

Address::

City of Mailing Address:: FIRENZE

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-50129

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: MARIANTONIA

Middle Name::

Family Name:: LOGOZZI

Name Suffix::

City of Residence:: ROMA

State or Province of

Residence::

Country of Residence:: ITALY

Street of Mailing VIA RICCARDO ZAMPIERI, 27

Address::

City of Mailing Address:: ROMA

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-00159

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: STEFANIA

Middle Name::

Family Name:: PARLATO

Name Suffix::

City of Residence:: ROMA

State or Province of

Residence::

Country of Residence:: ITALY  
 Street of Mailing VIA MASSIMILIANO DI PALOMBARA, 47  
 Address::  
 City of Mailing Address:: ROMA  
 State or Province of Mailing Address::  
 Country of Mailing Address:: ITALY  
 Postal or Zip Code of Mailing Address:: I-00131

**Correspondence Information**

Correspondence Customer 00466  
 Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP03/03922	4/15/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPE	02 290 994.9	4/19/02	Yes

10/511748

DT01 Rec'd PCT/PTC 19 OCT 2004

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::